

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730501

1. Entity Name

SUNNY HILLS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4004 COLUMBIA BLVD
SUNNY HILLS FL 32428-2905
US

4004 COLUMBIA BLVD
SUNNY HILLS FLORIDA 32428-2905
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7446544

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONGOVEN (W. J.)
105 SOUTH 5TH STREET
CHIPLEY FL

7. Name and Address of New Registered Agent

Name: Eunice McKinney (President)
Street Address (P.O. Box Number is Not Acceptable): 3941 Kinlock Drive
City: Chipley FL Zip Code: 32428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/05/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYHOLM, ROBERT 4013 CHAPEL AVE SUNNY HILLS FL 32428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABACK, HARRY 1748 SALEM DR SUNNY HILLS FL 32428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGOZA, VICTOR 2237 SUNNY HILLS BLVD SUNNY HILLS FL 32428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWNING, KAREN S 1653 SUNNY HILLS BLVD SUNNY HILLS FL 32428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWING, GARY 1653 SUNNY HILLS BLVD SUNNY HILLS FL 32428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, OWEN 3975 FALCON DR SUNNY HILLS FL 32428	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Pam Spire 2051 Posey Acres Rd Chipley FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark Rick 1721 Haverhill Dr. Chipley FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/01

Date

850-773-5815

Daytime Phone #

CR2E037 (10/00)

0016418